Section 5

Show Me Healthy Women Diagnostic Service and Treatment Coordination

**For additional information visit the ASCCP© Web site*: www.asccp.org/consensus.shtml

Following Abnormal Breast or Cervical Cancer Screening Results

A mandatory component as a provider of the SMHW program is the responsibility for providing clinical case management of abnormal findings as well as reporting the abnormal findings and the outcomes to the SMHW program on a timely basis.

Frequency and type of clinical case management of abnormal findings shall be determined by the clinician based on current standards of practice and on the established SMHW breast cancer screening protocols and cervical cancer screening protocols *(refer to Section 4).*

Providers must ensure the following:

1. Clients with suspicious or abnormal **breast** results will receive the necessary case management as determined by the clinician based on current standards of practice for rescreening, diagnosis and/or appropriate treatment, and clinicians will report data to SMHW.

CDC	60 days or less from a suspicious for cancer screening result to diagnosis.
Standard	60 days or less from diagnosis of cancer to start of treatment.

   - Breast Exception: An exception in counting the number of days has been made for women referred into the program for diagnostic evaluation after an abnormal breast test result is received from a provider outside of the SMHW program. In this instance, the interval shall begin on the referral date for diagnostic testing rather than the date of the initial abnormal breast test.

2. Clients with suspicious or abnormal cervical results will receive the necessary case management as determined by the clinician based on current standards of practice for rescreening, diagnosis and/or appropriate treatment, and clinicians will report data to SMHW.

CDC	60 days or less from a suspicious for cancer screening result to diagnosis.
Standard	90 days or less from diagnosis of CIN 2 or CIN 3/CIS to start of treatment.

   Pap Test Exceptions:

   - An exception is allowed to extend the diagnostic follow-up interval to **90 days** for women with an abnormal Pap test result of ASC-H or worse, including 'presumed abnormal.'
   - An exception in **counting the number** of days has also been made for women referred into the program for diagnostic evaluation after an abnormal Pap test result is received from a provider outside of the SMHW program. In this instance, the interval shall begin on the referral date for diagnostic testing rather than the date of the initial Pap test.

3. Suspicious screening results will be determined as normal or abnormal through short-term rescreen or diagnostic procedures.

- The client must be notified of abnormal findings and the need for any additional diagnostic service(s) should be explained.
- SMHW requires two documented attempts for client follow-up, if needed.
  - Direct telephone communication has been shown to be the most effective contact.
  - If unable to reach client by phone, a letter should be sent indicating there is need for additional diagnostic testing or treatment. For legal purposes, providers are encouraged to use a certified letter.
  - If no response is received after the second attempt or the client refuses further diagnostics and/or treatments, notify your RPC.

4. If abnormal screening results are pending for 10 months or longer, client eligibility must be checked and a new annual screening test must be performed prior to the initiation of further diagnostic studies. SMHW will only reimburse for additional diagnostic services if the client continues to meet SMHW eligibility guidelines.
5. For clients referred to direct billing diagnostic providers *(refer to page 10.3),* continue to track that the client receives/attends the scheduled appointments.
6. For a client diagnosed with cancer, SMHW providers must provide the following information to SMHW:
   - Date treatment started,
   - Type of treatment initiated, and
   - Name of the facility where treatment occurred.
7. For any questions, contact the RPC in your area *(refer to page 13.24).*

Protocol for Rescreen

In the instances where a rescreen is to be performed, these guidelines should be followed:

CBE

- The provider may repeat a CBE as a rescreen after 14 days and up to 10 months later if the previous CBE reported to SMHW was not within normal limits due to a **benign** finding. Only one rescreen office visit may be reimbursed in a 10 month period.
- A CBE may also be repeated as a rescreen 14 days up to 10 months later when a CBE was initially termed suspicious for cancer and after appropriate diagnostic tests are performed and confirmed that **cancer is not diagnosed**.

Mammogram

- **New SMHW Policy effective 10/14/10:** SMHW will pay for up to four consecutive probable benign mammograms within a two year period. The standard recommendation for a probable benign mammogram is to do four consecutive 6-month follow-ups (a complete cycle of 2 years). However, if at any point during this follow-up cycle, the result is downgraded to a benign finding (Category II) additional follow-up is not required. If the result is upgraded to a higher category, additional diagnostic testing must be performed.

- A mammogram may be repeated once within 10 months if the previous mammogram reported to SMHW was a "Category 0, Assessment incomplete." If "Category 0, Assessment incomplete" is the result reported on a mammogram, either film comparison, additional mammography, or ultrasound images are needed within 60 days. If possible, providers should not enter this result until the final result is available. However, providers who have reported "Category 0, Assessment incomplete" on the client's Screening Report *(blue form, page 12.12)* are expected to complete the film comparison or take additional images within 60 days. The film comparison result should be reported on the breast diagnostics form *(purple form, page 12.15)* if the blue form has already been submitted. Additional imaging would also be reported on the purple form. See protocol for assessment incomplete on *page 5.7.*

  Reporting directions: If a client receives breast diagnostic procedures that recommend a rescreen mammogram or rescreen ultrasound (typically in six months), the current Breast Diagnostic and Treatment form (purple form, page 12.15) should be entered as "Work-up complete." When the rescreen mammogram is submitted it shall be on a Screening Report form (blue form, page 12.12) entered as "Rescreen."

Ultrasound

- Ultrasound may be used as a rescreening tool when a mammogram is not appropriate. Rescreen must be less than 10 months from original abnormal ultrasound screening.

  Limitation: SMHW will not reimburse for more than two consecutive ultrasound tests with the result of "probably benign" without further diagnostic testing planned within 60 days (something other than ultrasound such as a specialist consult, diagnostic mammogram, or biopsy).

  Reporting directions: If a client receives breast diagnostic procedures that recommend a follow-up/rescreen mammogram or ultrasound in six months, the current Breast Diagnostic and Treatment form (purple form, page 12.15) should be entered as "Work-up complete." The rescreen ultrasound shall be submitted on a purple form with "Rescreen ultrasound" box checked.

Pelvic Examination

- A pelvic exam may be repeated as a rescreen in less than ten months if the previous abnormal pelvic exam reported to SMHW was not within normal limits due to an abnormal **cervical** finding.

Pap Test

- To be considered for reimbursement, a rescreen Pap test must be completed at six months or greater than the previous Pap test. If no endocervical cells are present, the Pap test may be repeated (one time only) in less than six months and submitted for reimbursement. SMHW will only pay for the two consecutive Pap tests with no endocervical cells without further diagnostic testing.

  Reporting directions: A rescreen Pap test should be reported on a Screening Report form (blue form, page 12.12) with the category "Rescreen" marked in the "Visit type" box.

- See Clinical Guidelines Tables *(refer to pages 5.11 to 5.14).*
- If rescreen results are suspicious for cancer, proceed with diagnostic procedures as indicated.

Specialist Consultation Guidelines

A SMHW client may be referred for a specialist consultation following abnormal screening and diagnostic test results.

Clients requiring a specialist consultation must be referred to a surgeon, OB/GYN specializing in breast and/or cervical health, or a physician or nurse practitioner who works for a cancer diagnostic or treatment center.

*Limitation: Reimbursement for breast and/or cervical specialist consultation following abnormal results is limited to **one breast** and **one cervical** referral per client in a contract year.*

Specialist Consultation Reminder

- A copy of the consult must be retained in the client's chart but does not need to be submitted to SMHW.

Not Considered a Specialist Consultation

- Referral to the same screening examiner is not considered a specialist consultation.
- Referral for the standard/routine follow-up, such as a colposcopy by a nurse practitioner for a LSIL, is not eligible for a specialist consultation. (The appropriate follow-up is known; therefore, referral for a specialist consultation to determine the management of the problem is not required). ***Limitation:*** *If the provider requests reimbursement for a specialist consult on the same day as the colposcopy, information must be included in the comments as to why the specialist consult is being billed (i.e. a "wash" was done to verify pap test results prior to proceeding to colposcopy). If a rationale is not included, and no additional procedure was done, SMHW will not reimburse for the specialist consult.*

Diagnostic Services Available

Breast diagnostic services are to be completed within 60 days of an abnormal screening.

Breast Exception

- An exception in **counting the number** of days has been made for women referred into the program for diagnostic evaluation after an abnormal breast test result is received from a provider outside of the SMHW program. In this instance, the interval shall begin on the referral date for diagnostic testing rather than the date of the initial abnormal breast test.

Cervical diagnostic services are to be completed within 60 days with the following exceptions:

Pap Test Exceptions

- An exception is allowed to extend the diagnostic follow-up interval to **90 days** for women with an abnormal **Pap test** result of ASC-H or worse, including "Presumed abnormal."
- An exception in **counting the number** of days has been made for women referred into the program for diagnostic evaluation after an abnormal Pap test result is received from a non-SMHW provider. In

this instance, the interval shall begin on the referral date for diagnostic testing rather than the date of the initial Pap test.

<table>
<tr><th colspan="2">SMHW DIAGNOSTIC services are limited to the following:</th></tr>
<tr><th>Breast Cancer
Diagnostic Services</th><th>Cervical Cancer
Diagnostic Services</th></tr>
<tr><td>• Diagnostic mammogram
(Digital or Conventional)</td><td>• Colposcopy without biopsy</td></tr>
<tr><td>• Breast ultrasound</td><td>• Colposcopy with cervical biopsy</td></tr>
<tr><td>• FNA, clinical procedure plus pathology</td><td>• Colposcopy with ECC</td></tr>
<tr><td>• FNA, deep tissue under guidance
plus pathology</td><td rowspan="3">• Endometrial biopsy
(Colposcopy with endometrial biopsy can be reimbursed only if cervical and/or endocervical biopsies are performed during the colposcopy.)</td></tr>
<tr><td>• Core needle biopsy</td></tr>
<tr><td>• Stereotactic biopsy</td></tr>
<tr><td>• Incisional biopsy</td><td rowspan="7">• Conization may be done by:
- Cold knife (refer client to BCCT/MO HealthNet if done as treatment)
- LEEP (refer client to BCCT/MO HealthNet/ Medicaid if done as treatment)
- ECC done alone</td></tr>
<tr><td>• Excisional biopsy</td></tr>
<tr><td>• Specialist consultation</td></tr>
<tr><td>• Facility fees</td></tr>
<tr><td>• General anesthesia</td></tr>
<tr><td></td></tr>
<tr><td></td><td>• Specialist consultation</td></tr>
<tr><td colspan="2">Payment: Services are paid at an outpatient rate only. Services will be reimbursed by the program as indicated on pages 10.5-10.11.</td></tr>
<tr><td colspan="2">Protocols: The frequency and type of these services will be left to the discretion of the clinician based on current standards of practice and on the protocols included on pages 5.2 through 5.5.</td></tr>
</table>

Guidelines for Breast Diagnostic Services

CBE Suspicious for Cancer

- Women age 35 and older, with a clinically suspicious lesion, should be completely evaluated and appropriately referred.

Nonpalpable Mammography Abnormality

- Mammography results reported by a radiologist with reference to ACR categories "Suspicious abnormality" (Category 4) or "Highly suggestive of malignancy" (Category 5) should be referred to a surgeon.
- "Assessment incomplete" (Category 0) should be followed by additional views, comparison of films and/or ultrasound within 60 days. If comparison of previous films is needed, only the final result of the comparison study should be reported. Providers who have already submitted reporting forms with the "Assessment incomplete" (Category 0) should enter results on the Breast Diagnosis and Treatment form in the film comparison section.

Ultrasound

- May be recommended when the CBE is suspicious for cancer and mammogram is not appropriate.
- Abnormal ultrasound requires additional diagnostic imaging.
- Women whose results are Category 4 or Category 5 should be referred to the BCCT program whether or not a biopsy has been done. This ultrasound should be paid by SMHW.

Breast Biopsies: Fine Needle Aspiration, Core Needle, Stereotactic, Incisional or Excisional

- The result of BSE, CBE, and/or imaging mammogram/ultrasound must be suspicious for cancer before SMHW will reimburse for breast biopsies.

Guidelines for the Management of Women's *Breast Self Exam (BSE)* Reported Symptoms

MOHSAIC Reporting Form: (Blue) Screening Form Sections B 1 and B 2

(1) Self-reported Lump	Option 1) Clinician to perform CBE and it is their discretion to follow in less than 60 days with: - Diagnostic mammogram, - Ultrasound, - Specialist consult, or - Breast biopsy
	Option 2) Clinician to perform CBE and it is their discretion to follow in 14 days – 10 months with a rescreen CBE
(2) Nipple Discharge (Especially unilateral spontaneous clear or bloody drainage)	Option 1) Clinician to perform CBE and it is their discretion to follow in less than 60 days with: - Diagnostic mammogram, - Ultrasound, - Specialist consult, or - Breast biopsy
	Option 2) Clinician to perform CBE and it is their discretion to follow in 14 days – 10 months with a rescreen CBE
(3) Skin Changes *(dimpling, retraction, new nipple inversion, ulceration or Paget's disease)*	Option 1) Clinician to perform CBE and it is their discretion to follow in less than 60 days with: - Diagnostic mammogram, - Ultrasound, - Specialist consult, or - Breast biopsy
	Option 2) Clinician to perform CBE and it is their discretion to follow in 14 days – 10 months with a rescreen CBE
(4) Pain/Tenderness	If pain and tenderness are reported, client may be followed with a rescreen CBE in 14 days to 10 months. If client continues to report pain and tenderness with subsequent rescreen, case management of a possible breast cancer concern is at the clinician's discretion for additional follow up. Please consult the RPC for your area for clarification. If pain and tenderness continue and it is the clinician's determination that diagnostic follow up is necessary for a breast cancer concern, insert statement in comment section at bottom of screening form that additional diagnostics are being done following a second rescreen.
(5) Other	Example: Personal history of treated breast cancer. In this case, client may receive a diagnostic mammogram annually
	Example: Known BRCA carrier. At this time, screening guidelines are not altered due to genetic predisposition for breast cancer.
(6) Family History	At this time, screening guidelines are not altered due to family history of breast cancer

Guidelines for the Management of Women's *Complete Breast Exam (CBE)* Results

*Indicates suspicious for cancer and **requires** additional follow –up in less than 60 days from the date of the abnormal CBE result.
(Ductograms and MRI's are not reimbursed by the SMHW program) **MOHSAIC Reporting Form: (Blue) Screening Form Sections B 3 and B 4**

(1) Benign Finding	fibrocystic changes, diffuse lumpiness that is not clinically suspicious, clearly defined symmetrical thickening, tenderness or nodularity palpated in the same location in both breasts *Examples include: fibroadenomas, multiple secretory calcifications, oil cysts, lipomas, galactoceles, mixed density hamartomas, intramammary lymph nodes, vascular calcifications, implants, and architectural distortion related to previous surgery*	CBE may be repeated in 14 days to 10 months. (**NOT** eligible for SMHW reimbursed diagnostics with these results)
(2) *Discrete Palpable Mass	includes masses that may be diffuse, poorly defined thickening, asymmetric thickening/nodularity, cystic or solid	Diagnostic mammogram +/- Ultrasound, Breast Consult and additional follow up per surgeon recommendation.
(3) Nipple Discharge	**whether or not there is a palpable mass** especially spontaneous unilateral, clear, serous, sanguineous or serosanguineous	Diagnostic mammogram +/- Ultrasound, Breast Consult and additional follow up per surgeon recommendation. Ductogram and MRI not reimbursed by SMHW program.
(4) Nipple Excoriation, Areolar Scaliness, or Erythema	*(clinically suspicious of Paget's Disease)*	Diagnostic mammogram +/- Ultrasound, Breast Consult and additional tissue biopsy follow up per surgeon recommendation. Skin biopsy and MRI not reimbursed by SMHW program. If tissue biopsy is done and results are benign, reassess clinical/pathology correlation and consider repeat biopsy.
(5) Skin Changes	dimpling; retraction; new nipple inversion/peau d'orange; ulceration; one breast lower than usual; prominent veins, unilateral; unusual increase in size, unilateral lymph nodes; also swelling of upper arm. *(clinically suspicious of Inflammatory Breast Cancer)*	Diagnostic mammogram +/- Ultrasound, Breast Consult and additional tissue biopsy follow up per surgeon recommendation. Skin biopsy and MRI is not reimbursed by SMHW program. If tissue biopsy is done and results are benign, reassess clinical/pathology correlation and consider repeat biopsy.
(6) Abnormal clavicular, or axillary lymph nodes, or swelling of upper arm.	Enlarged, tender, fixed or hard palpable supraclavicular, infraclavicular or axillary lymph nodes, also swelling of upper arm.	Diagnostic mammogram +/- Ultrasound, Breast Consult and additional tissue biopsy follow up per surgeon recommendation. If tissue biopsy is done and results are benign, reassess clinical/pathology correlation and consider repeat biopsy)

Guidelines for the Management of Women Who Have a "Suspicious for Cancer" CBE And First Follow-up Test is a Mammogram

** (All diagnostic follow up should be completed in less than 60 days from the date of the abnormal CBE)* *page 1 of 2*

*If the first test following an abnormal CBE is a mammogram, no matter what the mammogram result is (Category 0-5), an **additional, different type of diagnostic test should be completed** within 60 days of the abnormal CBE result.

**Diagnostic rather than screening mammograms should be used if a mammogram is the test of choice following an abnormal CBE.*

The typical standard of care following an abnormal (suspicious for cancer) CBE when the first diagnostic test performed is a mammogram is to complete another type of diagnostic test such as specialist consult, ultrasound, FNA, or tissue biopsy. If this protocol is not followed, justification of why a second test is not needed must be documented in the comment section at the bottom of the screening (blue) form.

Mammogram Result Category 0
Assessment Incomplete

Option 1	Option 2	Option 3
Compare to Previous Films *(Enter Results on a Blue Screening Form)*	***Additional Diagnostic Mammogram Views*** *(Enter Results on a Blue Screening Form)*	***Ultrasound*** *(Enter Results on a Purple Diagnostic Form)*
If comparison does not clinically clarify mammogram result to a specific category 1-5, should perform ultrasound or refer to specialist and progress using program guidelines for breast follow up as clinically indicated. *(Note: It is preferable to hold blue MOHASAIC reporting form submission until comparison results can be entered on the initial form)*	If additional mammogram views do not clinically clarify result to a specific category 1-5, should perform ultrasound or refer to specialist and progress using program guidelines for breast follow up as clinically indicated. *(Note: Updates of the additional mammogram views should be submitted on a purple breast diagnostic MOHSAIC form)*	If Ultrasound result does not clinically correlate to the CBE result, should refer to specialist and progress to other SMHW covered diagnostic tests and progress using program guidelines for breast follow up as clinically indicated. *(Note: Ultrasound result should be submitted on a purple breast diagnostic MOHSAIC form)*

Once Mammogram Result is Clarified From Category 0 to a Specific Category 1-5,
Refer to Next Page for Follow-up Guidelines: **(All diagnostic follow up should be completed in less than 60 days from the date of the abnormal CBE)*

SMHW staff note that at times, the original screening provider performs a diagnostic mammogram and when the client is referred to another direct biller for further diagnostics, the direct biller is repeating a mammogram. Please avoid this duplication of services when possible, to conserve funding, service and appointment efforts. If the original provider is highly suspicious of cancer, please consider where the woman would go for treatment if she is found to have breast cancer and refer for the diagnostic mammogram as appropriate. If the potential treating provider is located a significant distance away and it would create a hardship for the client to travel for the initial diagnostics please take that situation into consideration.

(Follow-up Guidelines for Mammogram results Categories 1-5 can be found on page 2)

(Continued) Guidelines for the Management of Women Who Have a "Suspicious for Cancer" CBE And First Follow-up Test is a Mammogram

** (All diagnostic follow up should be completed in less than 60 days from the date of the abnormal CBE.)*

*If the first test following an abnormal CBE is a mammogram, no matter what the mammogram result is (Category 0-5), an **additional, different type of diagnostic test should be completed** within 60 days of the abnormal CBE result.

**Diagnostic rather than screening mammograms should be used if a mammogram is the test of choice following an abnormal CBE.*

The typical standard of care following an abnormal (suspicious for cancer) CBE when the first diagnostic test performed is a mammogram is to complete another type of diagnostic test such as specialist consult, ultrasound, FNA, or tissue biopsy. If this protocol is not followed, justification of why a second test is not needed must be documented in the comment section at the bottom of the screening (blue) form.

Mammogram Result is ***Category 1 or 2*** Negative or Benign	**Mammogram Result is** ***Category 3*** Probably Benign *Examples include non-calcified mass, focal asymmetry and cluster of round calcifications.*	**Mammogram Result is** ***Category 4 or 5*** Suspicious Abnormality or Highly Suggestive of Malignancy
Should Perform Another type of Breast Diagnostic Testing (as clinically indicated) such as: • Ultrasound • Surg. Consult • FNA • Tissue Biopsy *(Note: If not clinically indicated to perform another test, give justification in comments section of the form)*	Should Perform Another type of Breast Diagnostic Testing (as clinically indicated) such as: • Ultrasound • Surgical Consult • FNA • Tissue Biopsy *(Note: If not clinically indicated to perform another test, give justification in comments section of the form)*	• Perform Ultrasound (if clinically appropriate) to qualify client for BCCT **OR** • If Ultrasound is not clinically appropriate or US result is Category 1-3, Breast Consult AND FNA or Tissue Biopsy can be performed as clinically indicated. *(Note: It is preferable to qualify client for BCCT services by obtaining abnormal Ultrasound results of 4 or 5 rather than SMHW reimbursement for a biopsy – but if necessary, biopsy is payable by SMHW)*

Perform Follow-up per Guidelines as Listed Below: **(All diagnostic follow up should be completed in less than 60 days from the date of the abnormal CBE)*

- If breast Ultrasound (US) result is Category 4 (Suspicious Abnormality) or Category 5 (Highly suggestive of Malignancy) **Refer SMHW enrolled client to BCCT** by submitting BCCT TEMPORARY MO HEALTHNET AUTHORIZATION letter. (See Manual page 6.6). Then, continue to follow up with client's MO HealthNet diagnostic service provider and submit a full **BCCT MO HealthNet Application form if client's diagnostic follow-up has a tissue biopsy result positive for cancer that will require additional follow-up and treatment.** (Please note: MO HealthNet requires prior authorization for many procedures including US)
- If US result is Negative, Benign or Probably Benign; or is not performed because it was not clinically indicated; and breast cancer is diagnosed by **biopsy/tissue** sample through the SMHW program, **refer client to full BCCT by submitting BCCT MO HealthNet Application forms.** (See Section 6 pages 6.6 and 6.7). (Please note: MO HealthNet requires prior authorization for many procedures including US)
- If breast cancer is diagnosed, initial treatment is expected to start within 30 days of diagnosis. SMHW provider must submit date and type of initial breast cancer treatment started within approximately 90 days of diagnosis to the regional program coordinator to be entered into the MOHSAIC system. (Please note: MO HealthNet requires prior authorization for many procedures including ultrasound)
- If breast cancer is NOT diagnosed, client's diagnostic work up is considered complete. Schedule client to return to annual SMHW screenings, or schedule rescreen of abnormal test/s performed within 10 months.

Please Note: If clinician recommends other clinical protocol to be considered, please contact the SMHW RPC or the central office SMHW staff @ 573.522.2845. The above are considered to be typical guidelines and not definitive practice standards appropriate for every situation. These guidelines address protocols that are reimbursable by the SMHW program. See provider manual for more specific information regarding covered services.

Guidelines for the Management of Women Who Have Suspicious for Cancer CBE and First Follow-up Test Is NOT a Mammogram

(Must offer 1 or more clinically appropriate tests below) *page 1 of 2*

Ultrasound	**Category 1** (*Negative*) or **Category 2** (*Benign*)	• Diagnostic Referral based on CBE result.	
	Category 3 (*Probably Benign*)	• Clinician's discretion to proceed with additional diagnostic tests. • If there are two consecutive "probably benign" results, client must have some other type of further diagnostic testing done such as surgical consult, FNA, or biopsy.	
	Category 4 (*Suspicious Abnormality*)or **Category 5** (*Highly Suggestive of Malignancy*)	• Qualifies for BCCT (temporary eligibility) (SMHW should pay for the US) Then the specialist consult and tissue biopsy can be performed through the BCCT program. Refer to Section 6 and complete and submit letter page 6.6.	If tissue biopsy is positive for breast cancer, client qualifies for the BCCT MO HealthNet application for treatment eligibility. See Section 6. Complete and submit forms pages 6.6 and 6.7.
Mammogram *(Mammogram is NOT the first test following an abnormal CBE)*	**Category 0** (*Assessment Incomplete*)	• Compare to previous films, complete Additional mammogram views, or perform Ultrasound	
	Category 1 (*Negative*) or Category 2 (*Benign*)	• Work up may be complete if another test result is not suspicious for cancer	
	Category 3 (*Probably Benign*)	• Clinician's discretion to proceed to Ultrasound, Surgical Consult, FNA, or Biopsy within 60 days or • Designate work up complete & may rescreen @ 6 month intervals for the next 6 - 24months • If there are two consecutive "probably benign" results, client must have some other type of further diagnostic testing done such as surgical consult, FNA, or biopsy within 60 days of abnormal CBE result	
	Category 4 (*Suspicious Abnormality*) or **Category 5** (*Highly Suggestive of Malignancy*)	• Must proceed to Ultrasound, Surgical consult, FNA, or Biopsy • If Ultrasound result is a Category 4 or 5, complete and submit forms on pages 6.6 and 6.7 before proceeding with further diagnostics. With these ultrasound results, clients will be eligible to receive any further diagnostic and treatment services through the MO HealthNet program as well as health care for other medical issues that may occur. MO HealthNet requires prior authorization for many procedures, including ultrasound	

*If clinician has other clinical protocol to be considered, please contact the central office staff. The above are considered to be typical guidelines and not definitive practice standards for every situation. These guidelines are primarily to address protocols that are reimbursable by the SMHW program.

See provider manual for more specific information regarding covered services.

(Follow-Up Guidelines for Specialist Consult, FNA, and Biopsy Findings can be found on page 2.)

Guidelines for the Management of Women Who Have Suspicious for Cancer CBE and First Follow-up Test Is NOT a Mammogram

(Must offer 1 or more clinically appropriate tests below. Enter results on a purple diagnostic form.) *page 2 of 2*

Specialist Consult	**Category 1** (*Negative*) or **Category 2** (*Benign*)	• Work up may be complete if another test result is not suspicious for cancer
	Category 3 (*Probably Benign*)	• Clinician's discretion to complete additional workup if another test result is not suspicious for cancer OR • may designate work up complete and may perform rescreen CBE within the next 6 - 10 months
	Category 4 (*Suspicious Abnormality*) or **Category 5** (*Highly Suggestive of Malignancy*)	• Typically determination is made to perform a FNA or Biopsy within 60 days of abnormal CBE result
Fine Needle Aspiration	**Negative**	• When clearly benign or negative work-up may be complete
	Indeterminate	• Typically is followed by a surgical biopsy – or FNA may be repeated within 60 days of abnormal CBE result
	Suspicious for Malignancy	• Typically is followed by a surgical biopsy within 60 days of abnormal CBE result
	Malignancy	• When cancer is clearly identified, refer to BCCT for treatment and report initial breast cancer treatment to RPC within 30 days of diagnosis • Refer client to full BCCT by submitting BCCT MO HealthNet Application form. (See Section 6 Use forms page 6.6 and page 6.7 if not submitted previously)
Biopsy Pathology Findings	**Benign**	• Work-up may be complete and/or clinician's discretion to perform rescreen of any abnormal Mammogram/Ultrasound results in 6-12 months for 1-2 years
	Benign Atypical or Indeterminate	• Refer to Specialist: Possible Excisional Biopsy per surgeon/ radiologist recommendation
	Malignant or DCIS	• Refer to BCCT for treatment and report initial breast cancer treatment to RPC. • Refer client to full BCCT by submitting BCCT MO HealthNet Application form. (See Section 6 use forms page 6.6 and 6.7 if not submitted previously)

*If clinician has other clinical protocol to be considered, please contact the central office staff. The above are considered to be typical guidelines and not definitive practice standards for every situation. These guidelines are primarily to address protocols that are reimbursable by the SMHW program.

See provider manual for more specific information regarding covered services.

Diagnostic Breast Follow up Algorithms

ULTRASOUND Follow-Up *Enter results on a purple diagnostic form.*		
Category 1 Negative or ***Category 2*** Benign	***Category 3*** Probably Benign	***Category 4*** Suspicious Abnormality or ***Category 5*** Highly Suggestive of Malignancy
Diagnostic Referral based on CBE result	Clinician's discretion: • May complete additional diagnostic workup within 60 days, • May designate work up complete **and** return to routine screenings, or • May designate work up complete **and** may rescreen within the next 6 - 10 months. *If there are two consecutive "probably benign" results, clinician may follow up with another type of diagnostic testing such as surgical consult, FNA, biopsy OR may continue a rescreening schedule at 6 month intervals.	• Qualifies for BCCT PE (temporary eligibility) referral (SMHW should pay for the Ultrasound). • Tissue biopsy is typically performed through the BCCT/MO HealthNet program. Refer to Section 6. Please note: MO HealthNet prior authorization for procedures may be required.

SPECIALIST CONSULT Follow-Up *Enter results on a purple breast diagnostic form.*		
Category 1 Negative or ***Category 2*** Benign	***Category 3*** Probably Benign *(Examples include: Symmetrical thickening/thickened tissue/nodularity palpated in the same location in both breasts; irregularity or lumpiness that is not clinically suspicious)*	***Category 4*** Suspicious Abnormality or ***Category 5*** Highly Suggestive of Malignancy
Work up may be complete if another test result is not suspicious for cancer	Clinician's discretion: • May complete additional diagnostic workup within 60 days, • May designate work up complete **and** return to routine screenings, or • May designate work up complete **and** may rescreen within the next 6 - 10 months.	Typically the determination is made to perform a Tissue Biopsy. If client is BCCT eligible <u>prior</u> to biopsy, MO HealthNet prior authorization for procedures may be required.

Diagnostic Breast Follow up Algorithms

Diagnostic MAMMOGRAM Follow-Up			
Category 0 Assessment Incomplete	**Category 1** Negative or **Category 2** Benign (Examples include: calcified fibroadenomas, multiple secretory calcifications, fat containing lesions (oil cysts), lipomas, galactoceles, mixed density hamartomas and others)	**Category 3** Probably Benign (Examples include: noncalcified mass, focal asymmetry, cluster ofround calcifications and others)	**Category 4** Suspicious Abnormality or **Category 5** Highly Suggestive of Malignancy
• Compare to previous films, • Complete Additional mammogram views, or • Perform Ultrasound as indicated	Clinician's discretion: • Work up may be complete if another test result is not suspicious for cancer. If complete, return to routine screening: Annual CBE/ Mammogram/Breast Awareness Exception: If CBE result was abnormal, additional diagnostic work-up within 60 days of date of abnormal CBE is required. Work up may include any or all of the following: Ultrasound, Breast Consult, Tissue Biopsy) If benign and CBE result was not abnormal, may rescreen at 3-6 months and then further follow-up may be done based on surgeon's recommendations.	Clinician's discretion: • May proceed to Ultrasound, Surgical Consult, FNA, or Biopsy within 60 days, • may designate work up complete and return to routine screening, • may rescreen at 3-6 months, or • may rescreen every 6-12 months for 1-2 years. If there are two consecutive "probably benign" results, clinician may follow up with another type of diagnostic testing such as surgical consult, FNA, or biopsy or continue rescreening schedule	• Should be referred to a surgeon and • Must proceed to ANOTHER DIAGNOSTIC TEST such as Surgical Consult AND Tissue Biopsy Tissue biopsy includes: Incisional, Core Needle, Ultrasound Guided, Stereotactic, or Excisional

FINE NEEDLE ASPIRATION Follow-Up *(Enter results on a purple breast diagnostic form)* Breast cyst aspiration procedure is only to be done if the cyst is complex or suspicious for breast cancer on imaging. It is NOT approved for payment if the cyst is benign on imaging and is being aspirated for pain management or reduction of a benign cyst.		
Negative	***Indeterminate***	***Suspicious for Malignancy or Malignancy***
Work up may be complete	Possible repeat or surgical biopsy per surgeon/radiologist recommendation	• If not already enrolled, enroll in BCCT • If client is BCCT eligible prior to biopsy, MO HealthNet prior authorization for procedures may be required • If breast cancer is diagnosed, remember to report to RPC date and type of first cancer treatment

BIOPSY Follow-Up *(Enter results on a purple breast diagnostic form).*			
Benign	***Benign Atypical***	***Indeterminate***	***Suspicious for Malignancy or Malignancy***
Diagnostic Mammogram/US in 6-12 months for 1-2 years	Possible Excisional Biopsy per surgeon/radiologist recommendation.	Refer to specialist	• If not already enrolled, enroll in BCCT • If client is BCCT eligible prior to biopsy, MO HealthNet prior authorization for procedures may be required • If breast cancer is diagnosed, remember to report to RPC date and type of first cancer treatment

Guidelines for Cervical Diagnostic Services

If the repeat Pap test is done greater than 10 months from the last Pap test, then it should be part of a complete annual screening.

SMHW will not reimburse for more than two consecutive abnormal Pap tests with a result of LSIL or ASC-US without further diagnostic testing, as recommended by the SMHW Advisory Board in July 2001.

High-Risk Human Papillomavirus (HPV) Testing

- HPV testing will not be reimbursed as a screening. HPV testing will only be reimbursed as case management to abnormal Pap results per SMHW Clinical Guidelines and ASCCP© algorithms. The ASCCP© algorithms can be found at www.asccp.org/consensus.shtml. For example, HPV reflex testing may be done and reimbursed by the SMHW program when the Pap result is ASCUS for any age program client or the result is LSIL for a postmenopausal woman.

Cervical Conization

- Conization by LEEP, cold knife or ECC is usually considered to be treatment and is covered by Medicaid BCCT. If colposcopy is inadequate, or the client is not eligible for BCCT, please call your RPC for additional instructions to meet the client's need.

- All LEEP and cold knife procedures qualify for presumptive eligibility for BCCT with a Pap test result of HSIL, which includes AGC or worse, followed by a colposcopy* or tissue pathology results of moderate dysplasia or worse.

* The colposcopy is paid by SMHW funding; LEEP and cold knife are typically paid by BCCT funding.

Alert Value Follow-up

The MOHSAIC electronic reporting system has been programmed to produce lists of clients and the SMHW providers who reported abnormal, suspicious for cancer results. These lists are forwarded at least weekly to the RPC's. The RPC's check the MOHSAIC reporting system to see if timely follow-up is reported. If no information is entered into MOHSAIC regarding the necessary follow-up, the RPC will contact the provider to ensure that follow-up has occurred and that it will be reported by the provider; or, if the provider or client is experiencing difficulty in completing the follow-up, the RPC will assist in contacting the client or in finding appropriate resources. **SMHW providers shall:**

- Implement some form of internal tracking and reminder system to ensure that SMHW clients who have abnormal breast test results suspicious for cancer receive further medical evaluation and treatment within 60 days. This includes that scheduling follow-up visits and procedures are completed timely. In addition, client attendance for appropriate follow-up needs to be monitored. If appointments are not kept, rescheduling and assisting with removing barriers such as transportation difficulties may be needed.

- Implement some form of internal tracking and reminder system to ensure that women who have abnormal cervical test results receive further medical evaluation and treatment within 90 days. This includes that scheduling follow-up visits and procedures are completed timely. In addition, client attendance for appropriate follow-up needs to be monitored. If appointments are not kept, rescheduling and assisting with removing barriers such as transportation difficulties may be needed.

- Promptly notify the RPC when a client is referred to BCCT in order to ensure timely and complete follow-up, complete and accurate tracking and documentation as such. Please report additional information to the RPC to enter onto forms the provider has already entered as needed, such as treatment of cancers found.

- Make and document at least two timely attempts to contact clients for follow-up of suspicious for cancer findings before designating the client as "lost to follow-up". One attempt should be by telephone and one by mail or certified mail. If client does not respond or refuses to comply with follow-up, then refer client name and contact information promptly to the RPC for further attempts.

Breast Situations that require *diagnostic* follow-up within 60 days include:

- **"Diagnostic work up planned"** is marked on the blue screening or purple breast diagnostic reporting forms for abnormal breast findings

- Category 0 Assessment incomplete mammogram results are marked on the blue screening forms

- Blue screening or purple breast diagnostic reporting forms marked to show abnormal suspicious for cancer or are marked as positive for cancer breast findings

- Purple breast diagnostic reporting forms are marked with abnormal suspicious for cancer or are marked as positive for cancer breast findings require the Status of Final Diagnosis section B be completed. Any diagnostic result on the diagnostic form that has an * in Section B requires a Final Diagnosis be marked in Section C. Final Diagnostic Results in Sections B and C that indicate malignancy need to have Section D Breast Treatment completed with the status of treatment, type of treatment, treatment facility and date treatment started inserted. Section D information is usually updated after Sections A – C have been submitted. Providers are encouraged to provide the information to be added in Section D to the RPC's for entry as soon as that information becomes available since providers cannot enter new data onto an already submitted form. RPC's are able to add information to an already submitted form.

Cervical Situations that require follow-up within 90 days include:

- **"Diagnostic work up planned"** is marked on any of the reporting forms for abnormal cervical findings.

- Referred for diagnostic testing is marked on the blue screening form or the yellow cervical diagnostic forms for abnormal cervical findings.

- Yellow cervical diagnostic reporting forms are marked with abnormal suspicious for cancer results or are marked as positive for cervical cancer require the Status of Final Diagnosis section B be completed. Any diagnostic result on the diagnostic form that has an * in Section B requires a Final Diagnosis be marked in Section C. Final Diagnostic Results in Section B or C that indicate malignancy need to have Section D Cervical Treatment completed with the status of treatment, type of treatment, treatment facility and date treatment started inserted. Section D information is usually updated after Sections A – C have been submitted. Providers are encouraged to provide the information to be added in Section D to the RPC's for entry as soon as that information becomes available. A separate form does not have to be entered to include this data, but providers cannot enter new data onto an already submitted form whereas RPC's can add information to an already submitted form.

Centers for Disease Control and Prevention (CDC) uses the dates of medical evaluation for alert values, the completeness of treatment and reporting as performance indicators in the evaluation of Show Me Healthy Women programs.